Name in Full

Certificate of Death

Margaret Bach

Died at Town: Dorsheregan County: Howard MARYLAND

Date 1904 Month: oct Day: 10th | Age Y. 75 M. — D. — | Native of: Ireland | ~~Occupation~~

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widowes~~ — ~~Divorced~~

Number of children living 3

Husband / Wife of James Bach

Father's Name: Stephen Gleeen

Mother's Maiden Name: Mary Mc Mallon

Cause of Death — Primary: Typhoid Fever — Immediate: Haemorrhage — How long sick: 3 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr Benj. F. Shipley

Address alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Elmer Clark Boston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dorsey — County: Howard

Date of death 1904: Month: Oct — Day: 11 — Age: Years: — Months: 10 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: John Boston — Father's Birthplace: Maryland

Mother's Maiden Name: Laura Litchfield — Mother's Birthplace: Maryland

Name of person giving Imformation: Mrs Wm Boston — How related to deceased: Grandmother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Extensive superficial burns — How long: — 3 hours

Immediate: Shock - Acute pneumonia — How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. R. Earickson

Address: Elk Ridge, Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Margaretta Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Simpsonville; County: Howard

Date of death 1904: Month: Oct; Day: 26; Age: Years: 86; Months: —; Days: —

Sex: Female; Color or Race: Col; Birthplace: Md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Unknown; Father's Birthplace: —

Mother's Maiden Name: Do.; Mother's Birthplace: —

Name of person giving information: David T. Johnson; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility; How long: 5 days

Immediate: Exhaustion; How long: 8 Hours

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. L. Gibson Jr.

Address: Simpsonville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ellen M. Dashiell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dissup — County: Howard

Date of death: Month: 10 — Day: 30 — Years: 74 — Months: 9 — Days:

Sex: female — Color or Race: white — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: at home

Married, Single or Widowed: widow — Name of Wife or Husband: Samuel K. Dashiell

Father's Name: George Hamilton — Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Boone — Mother's Birthplace: Md

Name of person giving Information: Fannie Kerr Dashiell — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: One Year

Immediate: Exhaustion 91 — How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Linthicum M.D

Address: Savage Md

Accident or Suicide? neither

LIBRARY BUREAU A49815

Name in Full: William Finsley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Howard

Date of death: Month: Oct — Day: 4 — Years: 76 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name: William Finsley — Father's Birthplace: Ireland

Mother's Maiden Name — Mother's Birthplace: "

Name of person giving Information — How related to deceased: Niece

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion — How long: 24 hours

Immediate: Cerebral Congestion — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J A Nichols

Address: Dayton Md

Accident or Suicide?

LIBRARY BUREAU A08616

Name in Full: Mable Gance

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Ridge; County: Howard

Date of death 1904: Month: 10; Day: 31

Age: Years: X; Months: X; Days: 10

Sex: Female; Color or Race: Colard; Birthplace: Elk Ridge

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Henry Gance; Father's Birthplace: Pa

Mother's Maiden Name: Lizzie Worker; Mother's Birthplace: Md

Name of person giving In formation: Lizzie Worker; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: X; How long:

Immediate: Convulsions; How long: 30 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harrison Tongue

Address: Elk Ridge Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alvada B. Haslup

CERTIFICATE OF DEATH

MARYLAND

Died in (Town) Savage (County) Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Years	Months	Days
1904	10	5		54	10	2

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: Housekeeper | Where Residing if not at place of death: at Home

Married, Single or Widowed: Single | Name of Wife or Husband: ———

Father's Name: Wm L. Haslup | Father's Birthplace: Md

Mother's Maiden Name: Ellen B. White | Mother's Birthplace: Md

Name of person giving Information: Fannie Haslup | How related to deceased: Sister

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Cardiac Tumor | How long: 6 mo.

Immediate: Exhaustion 40 | How long: Four weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. W. Williams M.D

Address: Savage Md

Accident or Suicide? neither

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Anna F. Hugh

Died at Town: Alberton County: Howard MARYLAND

Date 19 04 Month: Oct Day: 29

Age Y. 31 M. 0 D. 12

Native of: Md

Occupation: Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 4

~~H~~ wife of Wm. A. Hugh

Father's Name: David Myerly

Mother's Maiden Name: Alice Townsend

Cause of Death:

Primary: Pulmonary Tuberculosis — How long sick: 4 months

Immediate: Dyspnoea

~~Accident, Suicide, Homicide~~

Reported by: J. Tassey Waltemeyer, M.D.

Address: Alberton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Bertie Viola Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Guilford — Town — County: Howard

Date of death: 1904 — Month: Oct — Day: 30

Age — Years: 17 — Months — Days

Sex: Female

Color or Race: White

Birthplace: Berrett P.O. Md.

Occupation: Schoolgirl

Where Residing if not at place of death: Home in Baltimore

Married, Single or Widowed: Single

Name of Wife or Husband

Father's Name: W. R. Jenkins — Father's Birthplace: Carroll Co.

Mother's Maiden Name: Elenora Shipley — Mother's Birthplace: Carroll Co.

Name of person giving information: Mrs. J. K. Shipley — How related to deceased: Aunt-Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 Days

Immediate: Effects of Same — How long: Abt-12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Keffer Jr.

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: John H. King

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annap. Jct. County: Howard

Date of death: Month: 10 Day: 6 1904

Age: Years: 74 Months: 1 Days:

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Farmer

Where Residing if not at place of death: at home

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm. F. King

Father's Birthplace: England

Mother's Maiden Name: Elizabeth White

Mother's Birthplace: Md.

Name of person giving Information: Wm. F. King

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Syphilitic

How long: 2 yrs

Immediate: Exhaustion + Heart failure

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Linthicum M.D

Address: Savage Md.

Accident or Suicide? Neither.

LIBRARY BUREAU A6B610

Name in Full: Salvatore Munafore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Junct. County: Howard

Date of death 1904 Month: October Day: 24 Age Years: 35 Months: Days:

Sex: Male Color or Race: White Birthplace: Italy

Occupation: Laborer Where Residing if not at place of death: Philadelphia Pa

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Wm Jubb 166 How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rail Road Accident How long:

Immediate: " " " How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: James P Haslup Coroner

Address: Savage Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A38516

Name in Full: Annie Stumpner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elk Ridge — County: Howard

Date of death: 1904 — Month: October — Day: 24 — Age: Years 73 — Months 1 — Days 7

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: — Where Residing if not at place of death: Elk Ridge

~~Married, Single~~ or Widowed — Name ~~of Husband~~: Daniel Stumpner

Father's Name: Henry Weaver — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Seltzman — Mother's Birthplace: Germany

Name of person giving Information: Daniel Stumpner — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility, Atheroma - — How long: Indefinite

Immediate: Hemiplegia (left) — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earleckson

Address: Elk Ridge, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A8851S

Name in Full: Charles A. Riley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death: Month 10 — Day 7 — 1904

Age: Years 25 — Months 7 — Days 5

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: Savage

Married, Single or Widowed: single — Name of Wife or Husband: ———

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Riley — Father's Birthplace: Md

Mother's Maiden Name: Mary Chaney — Mother's Birthplace: Md

Name of person giving Information: Thomas Riley — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 5 or 6 weeks

Immediate: Exhaustion — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Winchester Mc

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A58616

Name in Full: Charles E Wisley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elk Ridge — County: Howard

Date of death 1904 — Month: 10 — Day: 28

Age — Years: 30 — Months: X — Days: X

Sex: Mail

Color or Race: Colard

Birthplace: Md

Married, Single or Widowed: single

Occupation:

Name of Wife or Husband:

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: Cahern Brown.

Mother's Birthplace: Md

Name of person giving Information: Harriet Wisley

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scrofula. 35

How long: 30 years

Immediate: Dropsy

How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harrison Tongue M.D.

Address: Elk Ridge Md

Accident or Suicide? X

LIBRARY BUREAU APR 21 0

Name in Full: Hiram Rollin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Savage — County: Howard

Date of death: Month 10 — Day 21 — Years (Age) 1 — Months 7 — Days 21

Sex: boy — Color or Race: black — Birthplace: md

Occupation: Infant — Where Residing if not at place of death: at home

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Clarence Rollin — Father's Birthplace: Md

Mother's Maiden Name: Hamilla Gibson — Mother's Birthplace: Md

Name of person giving Information: Clarence Rollin — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rickets — How long: from birth

Immediate: Convulsion — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Christian M.D

Address: Savage Md

Accident or Suicide? neither

LIBRARY BUREAU A6801B